10/776,68"/

Approved for use through 7/31/2008, OMB 0651-0032

U.S. Patient and Trademark Office; U.S. DEPARTMENT OF CONQUERCE

\*\*Sperwork Reduction Act of 1995, on persons are marked in respect to a second to be seen and trademark Office; U.S. DEPARTMENT OF CONQUERCE

PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number									
Substitute for Farm PTO-875  Application or Docket Number									
CLAIMS AS FILED - PART I (Cotumn 1) (Co			Zaluma 2)	SMAL	L ENTITY	OR.	OTHER THAN SMALL ENTITY		
FOR NUMBER FILED		NUM	NUMBER EXTRA		FEE		RATE	FEE	
(37 CFR 1.15(a))					1	OR.		1.	
(37 CFR 1.16(c)) 39 mil		minus?		19	x s		OR	xs -	<del>                                     </del>
(D) CFR 1.15(b))		minus	3	Ö	X.		<b>-</b>		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					1	1.	- OR	× 3	
" If the difference in column 1 is less than zero, enter "O" in column 2.					<u></u> -	-	→ OR	**	
CLAIMS AS AMENDED - PART II					TOTAL	". <b></b> -	_ OR	TOTAL	
1/28/195			· .	OTUE	R THAN				
(Column 1)		(Column 2)	(Column 3)	SMALL	ENTITY	OR T	SMALL		
Cocos richal	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL PEE		RATE	ADDI- TIONAL
Total (17 CPR L1500)	39	Minus	39	•	XS .		1	- 17	FEE
Independent (D7 CFR 1.1003)		Minus	<u> 3</u>	-	X s	1	OR OR	XX	
REST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(0))							OR		
					TOTAL			+s_ c TOTAL	
4-7-06 (Codum 1) (Codum 2) (Codum 3)					ADD'L FEE		OR	ADO'L FEE	
<b>B</b>	CLAIMS		(Column 2) HIGHEST	(Column 3)		T			
Ä.	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
Coresting)	39	Minus	* 39	0	X 5 .	7,02	OR	xs .	FEE
CAT CARE TIMES		Minus	<del></del> 3	0	x s				0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(4))					+1		OR OR		0
					TOTAL ADD'L FEE		OR	TOTAL	0
(Column 1) (Column 2) (Column 3)							· OR	ADD'L FEE	-
O .	CLAIMS REMAINING		HIGHESY				ſ		
	AFTER MENOMENT		PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	ĺ	RATE	ADDI- TIONAL FEE
CO COLUMN	5	Minus	39	`~	x s •		OR.	xs •	
III (provident	$\bar{s}$	Minus	3	2	x400.	200	OR	x s_ =	
FIRST PRESENTATI	+: .		OR						
TOTAL						7.0	_	TOTAL	
* If the entry in column	ADO'L FEE	400	OR	ADD'L FEE					
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".									

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CPR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the complete displaction form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chist Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.